附件2

“科创面对面——创新方法应用研讨会”报名回执

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 单 位 | 姓名 | 职务 | 手机号 | 备注 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**注：所有报名参会人员应严格履行自我管理责任，遵守防疫要求、配合防疫管理。**